MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



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**ADVISORY - Important Information **

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TO: All HAN Recipients

FROM: Dora Anne Mills, M.D., M.P.H., Public Health Director

SUBJECT: Update on H1N1 in Maine

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Update on H1N1 in Maine

In light of H1N1's arrival in Maine with cases in 3 counties (Kennebec, Penobscot, and York) as of early morning of May 2nd, and the resulting closure of a school, this health advisory provides a brief review of informational resources and strategies as well as the most recently updated guidance for schools and child care facilities in affected areas from U.S. CDC.

Basic Resources

Because recommendations from U.S. CDC are being updated very frequently, we strongly urge clinicians, school officials, and others to review the most updated guidance before making clinical or closure decisions. There are several resources for this and related information:

- The U.S. CDC's website can be found at: http://www.cdc.gov/h1n1/
- Maine CDC's website has Maine-specific information, including daily updates, as well as links to federal information. It is located at: http://www.maine.gov/dhhs/boh/swine-flu-2009.shtml or found on the Maine CDC's homepage:
 - http://www.maine.gov/dhhs/boh/swine-flu-2009.shtml or found on the Maine CDC's homepage www.mainepublichealth.gov.
- Maine Department of Education's website has resources and information for schools. It can be found at: http://www.maine.gov/education/h1n1/index.html.
- Health care providers or school officials needing updated clinical guidance should call Maine CDC's 24-hour clinical consultation line (1-800-821-5821). This is also the resource to report a suspected case and obtain testing information including expediting the transportation of samples for testing. Maine CDC's Health and Environmental Testing Laboratory (HETL) will perform influenza RT-PCR tests and subtyping for influenza A positive specimens. Instructions on collecting and submitting laboratory diagnostic specimens for H1N1 influenza testing are available at

http://www.maine.gov/dhhs/etl/micro/submitting samples.htm.

The public information line with questions about H1N1 may also call our information support line at 1-888-257-0990 from 9am to 5pm and weekends 12 noon to 5 pm.

Overall Strategies

The overall goal of Maine's efforts to address H1N1 is to minimize its impact in our state. Community mitigation strategies such as school and day care closures, isolation of people with symptoms such as a fever, isolation of appropriate household contacts, and canceling of events are implemented to slow the spread of the disease in a community in order to: 1. delay the peak of the disease in order to "buy time" for the production and distribution of a vaccine against this new virus; 2. decrease the number of people who get sick from this virus in a given community, thus reducing the "surge" on healthcare systems; and 3. reduce the total number of people who get sick or die.

The most important strategies to minimize H1N1's impact in Maine are those of <u>vigilant respiratory</u> <u>hygiene</u>: covering coughs and sneezes with sleeves or a tissue; washing hands frequently; and staying home if ill, especially with a fever.

Additionally, everyone should stay informed since this event is rapidly changing and resulting guidance

Importantly, everyone should also <u>make preparations</u>. These preparations include activating a pandemic influenza plan. Every hospital, other health care institution, emergency management agency, school business, agency or organization should activate their pandemic influenza plan. Every individual and

family should also activate their plan. If one does not exist, then preparation check lists for a variety of settings including individuals, homes, businesses, and schools can be found at: http://www.pandemicflu.gov/plan/checklists.html. These plans generally call for such measures as ensuring adequate critical supplies are on hand and preparing for higher than normal absenteeism.

For Communities and Areas Where H1NH Has Been Identified

The previously published United States government guidance on community mitigation (http://www.pandemicflu.gov/plan/community/commitigation.html) relies on knowledge of the Pandemic Severity Index (PSI) to characterize the severity of a pandemic and identify the recommendations for specific interventions that communities may use for a given level of severity, and suggests when these measures should be started and how long they should be used. The substantial difference in the severity of the illness associated with infections from the same virus, the relatively low number of cases detected in the United States, and insufficient epidemiologic and clinical data to ascribe a PSI, present a formidable challenge in terms of assessing the threat posed by this novel influenza A virus until additional epidemiologic and virologic information is learned.

Update on School (K-12) Dismissal and Childcare Facilities: Interim U.S. CDC Guidance in Response to Human Infections with the 2009 Influenza A H1N1 Virus As of May 1, 2009

These recommendations are based on current information and are subject to change based on ongoing surveillance and continuous risk assessment.

Background

Based on new information on circulation of a new influenza A (H1N1) virus among people in the US and Mexico first detected in April, 2009, this document provides updated interim planning guidance for State, territorial, tribal, and local communities. This guidance includes recommendations on school dismissal for K – 12 schools and closure of childcare programs and facilities and updates previously issued guidance on community mitigation interventions for this disease (April 28, 2009, http://www.cdc.gov/h1n1flu/mitigation.htm). School dismissal and childcare closures are an important part of a comprehensive, layered mitigation approach aimed at reducing disease transmission and associated morbidity and mortality during the 2009 H1N1 virus outbreak in the US.

It is prudent for communities to act based on available information to protect their people. These community mitigation interventions are scalable and flexible so that local public health authorities, working with their partners in a given State or community can use these tools based on the local situation. As public health officials in the United States learn more about this emerging virus, CDC will be reviewing these findings on a daily basis and updated guidance will be issued in conjunction with our State, local, tribal and territorial partners.

Schools play a critical role in protecting the health of their students, staff, and the community from contagious diseases such as H1N1 influenza. Children are very susceptible to getting this new virus and schools may serve as amplification point for spread of this new virus in a community. The reason for closing schools during this H1N1 outbreak is to try to reduce the spread of the virus. However, little information is available on what the effectiveness of a school closure might be in preventing further community spread of this new virus. In addition, the risk of severe illness from this virus is not yet clear.

The authority for decisions regarding school dismissal and childcare closure may vary and resides in different sectors of State and local government including School Superintendents, Mayors, Governors, emergency management officials, and public health officials.

Recommendations When 2009 H1N1 Virus is Confirmed in a School, School District, or Community

CDC recommends that affected communities with laboratory-confirmed cases of influenza A (H1N1) virus infection consider activating school dismissal and childcare closure interventions according to the guidelines below. "Affected communities" may include a U.S. State or proximate epidemiological region (e.g., a metropolitan area that spans more than one State's boundary). These guidelines address a flexible and scalable approach that States and local jurisdictions can use based on the situation in their communities (e.g. number of cases, severity of illness, affected groups).

Recommend Scalable and Incremental School Dismissal and Childcare Facility Closure in Affected Communities:

School districts **must** work closely and directly with their local and State public health officials to make sound decisions and implement strategies in a coordinated manner keeping in mind:

- 1. Decisions to dismiss students and close childcare facilities and subsequent implementation of those measures should be made based on the extent and severity of illness;
- 2. That local authorities decide whether or not to dismiss schools or close childcare facilities; and;
- 3. That authority for decision-making may reside in multiple sectors of State and local government; these entities must be well coordinated.

Interim Recommendations

- Sick people (students, faculty and staff) should stay home unless they need to seek medical care and stay away from schools regardless of whether schools and childcare facilities are operating normally or have dismissed students or closed, respectively.
- Dismissal of students in a school and closure of childcare facilities should be considered in schools with one or more laboratory-confirmed or non-subtypable influenza A case among students, faculty or staff in order to decrease the spread of illness in the community.
- Dismissal of students from schools and closure of childcare facilities should be considered for not-yet-affected schools and childcare facilities in the same area (e.g. a feeder school network or a geographic area) if more than one school or childcare facility in that area has confirmed or nonsubtypable influenza A cases among their students, faculty, or staff. This would include preemptively dismissing students from schools in that area, including schools without current laboratory-confirmed cases.
- Neighboring schools to those that dismiss students should also consider preemptively dismissing students from schools without current laboratory-confirmed cases. Issues to consider include geographic proximity and extent of mixing of student populations among area schools.
- If a school dismisses students or a childcare facility closes, school or childcare-related gatherings should also be canceled. Parents and students should be encouraged to avoid congregating in large numbers outside of the school setting.

If a school dismisses students or a childcare facility closes, schools and childcare facilities should close for up to 14 days depending on the extent and severity of the illness and in close consultation with local

and state public health officials (additional guidance on duration of school closures will be provided no later than May 8). This length of time is recommended because children are likely to be infectious for about 7-10 days after the onset of illness. Schools, in consultation with local and state public health officials, should evaluate daily the need for possible extension of the dismissal/closure based on local influenza surveillance information and the occurrence of new infections and severity of illness in the community from this virus.

To reiterate an important point, decisions regarding school dismissal within these communities are being left to the appropriate authorities but **must** involve consultation with local and State public health officials, taking into account the extent and severity of H1N1 disease in the community. Schools (K-12) and childcare facilities should also consult with their local or State health departments for guidance on reopening schools. When schools re-open, keep commonly touched surfaces such as stairway railings, elevator buttons and door handles clean by wiping them down with detergent-based cleaners or EPA registered disinfectants that are usually used in the school setting. These products should be used according to directions on the product label. Additional, extensive cleaning of schools by wiping down floors and walls prior to reopening is not necessary as it is unknown whether this would be helpful in decrease the spread of influenza.

If students are dismissed from schools, they should be encouraged not to re-congregate outside of school in large numbers. If childcare facilities close and there is a need for childcare, families could plan to work together with two to three other families to supervise and provide care (using the same caregivers each day) for a small and consistent group of infants and young children while their parents are at work (studies suggest that childcare group size of five or fewer children may be associated with fewer respiratory infections).

Schools and childcare facilities in unaffected areas should begin to prepare for the possibility of school dismissal or childcare facility closure. This includes asking teachers, parents and officials in charge of critical school-associated programs (such as meal services) to make contingency plans. Parents should plan for caring for children who may be dismissed from schools, as these decisions may be made very quickly based on emerging disease in the community.

For more information see: http://www.cdc.gov/h1n1/